Vaccine Injury Compensation Program (VICP)

The VICP is a no-fault alternative to the traditional tort system for resolving vaccine injury claims. It was established as part of the National Childhood Vaccine Injury Act of 1986, after a rash of lawsuits against vaccine manufacturers and healthcare providers threatened to cause vaccine shortages and reduce vaccination rates.

The VICP covers all vaccines recommended by the Centers for Disease Control and Prevention for routine administration to children. It is administered jointly by the U.S. Department of Health and Human Services (HHS), the U.S. Court of Federal Claims (the Court), and the U.S. Department of Justice (DOJ). The VICP is located in the HRSA Healthcare Systems Bureau. Covered vaccines and compensible injuries are described on the "Vaccine Injury Table".

The Claims Process

An individual claiming a vaccine-related injury or death files a petition for compensation with the Court, and may be represented by an attorney. The Secretary of HHS is named as the Respondent.

An HHS physician reviews the petition to determine whether it meets the medical criteria for compensation. This recommendation is provided to the Court through a Respondent's report filed by the DOJ. The HHS position is presented by an attorney from the DOJ in hearings before a "special master," who makes the decision for compensation under the VICP. A decision may be appealed to the Court, then to the Federal Circuit Court of Appeals, and eventually to the U.S. Supreme Court.

If a case is found eligible for compensation, the amount of the award is usually negotiated between the DOJ and the petitioner's attorneys. If the attorneys can't agree, the case is scheduled for a hearing for the special master to assess the amount of compensation. Compensable claims, and even most claims found to be non-compensable, are awarded reimbursement for attorney's fees and costs. A petitioner may file a claim in civil court against the vaccine company and/or the vaccine administrator only after first filing a claim under the VICP and then rejecting the decision of the Court.

For more information, including information about restrictions that apply to filing a petition, visit the VICP website at http://www.hrsa.gov/vaccinecompensation or phone 1-800-338-2382.

For information on the Rules of the Court, including requirements for filing a petition, visit the Court's Website at http://www.uscfc.uscourts.gov/osmPage.htm or phone (202) 357-6400.

This information has been adapted from the CDC "Pink Book" and VICP website (http://www.hrsa.gov/vaccinecompensation)

National Childhood Vaccine Injury Act Vaccine Injury Table^a

Vaccine **Adverse Event** Time Interval Tetanus toxoid-containing vaccines A. Anaphylaxis or anaphylactic shock 0-4 hours (e.g., DTaP, Tdap, DTP-Hib, DT, Td, 2-28 days B. Brachial neuritis C. Any acute complication or sequela Not applicable (including death) of above events A. Anaphylaxis or anaphylactic shock II. Pertussis antigen-containing vaccines 0-4 hours (e.g., DTaP, Tdap, DTP, P, DTP-Hib) 0-72 hours B. Encephalopathy (or encephalitis) C. Any acute complication or sequela Not applicable (including death) of above events III. Measles, mumps and rubella virus-A. Anaphylaxis or anaphylactic shock 0-4 hours containing vaccines in any combination 5-15 days B. Encephalopathy (or encephalitis) (e.g., MMR, MR, M, R) C. Any acute complication or sequela Not applicable (including death) of above events IV. Rubella virus-containing vaccines A. Chronic arthritis 7-42 days (e.g., MMR, MR, R) Not applicable Any acute complication or sequela (including death) of above event Thrombocytopenic purpura V. Measles virus-containing vaccines 7-30 days (e.g., MMR, MR, M) 0-6 months B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient Not applicable Any acute complication or sequela (including death) of above events VI. Polio live virus-containing vaccines A. Paralytic polio --- in a non-immunodeficient recipient 0-30 days (OPV) --- in an immunodeficient recipient 0-6 months --- in a vaccine assoc. community case Not applicable B. Vaccine-strain polio viral infection 0-30 days --- in a non-immunodeficient recipient 0-6 months --- in an immunodeficient recipient Not applicable --- in a vaccine assoc. community case C. Any acute complication or sequela Not applicable (including death) of above events Anaphylaxis or anaphylactic shock VII. Polio inactivated-virus containing 0-4 hours B. Any acute complication or sequela vaccines (e.g., IPV) Not applicable (including death) of above event A. Anaphylaxis or anaphylactic shock VIII. Hepatitis B antigen- containing 0-4 hours vaccines Not applicable B. Any acute complication or sequela (including death) of above event A. No condition specified for compensation IX. Hemophilus influenzae type b Not applicable polysaccharide conjugate vaccines) A. No condition specified for compensation Varicella vaccine Not applicable A. No condition specified for compensation XI. Rotavirus vaccine Not applicable XII. Pneumococcal conjugate vaccines A. No condition specified for compensation Not applicable A. No condition specified for compensation Not applicable XIII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by Secretary, HHS of a notice of coverage bc

^aEffective date: November 10, 2008 ^bAs of **December 1, 2004**, hepatitis A vaccines have been added to the Vaccine Injury Table (Table) under this Category. As of **July 1, 2005**, *trivalent* influenza vaccines have been added to the Table under this Category. Trivalent influenza vaccines are given annually during the flu season either by needle and syringe or in a nasal spray. All influenza vaccines routinely administered in the U.S. are trivalent vaccines covered under this Category. ^cAs of **February 1, 2007**, meningococcal (conjugate and polysaccharide) and human papillomavirus (HPV) vaccines have been added to the Table under this Category. See *News* on the VICP website (www.hrsa.gov/vaccinecompensation).